

DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

COPY OF PAPERS
ORIGINALLY FILED

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TREATMENTS FOR NEUROGENETIC DISORDERS, IMPULSE CONTROL DISORDERS, AND WOUND HEALING specification for which

- ☐ is attached hereto.
☒ was filed November 30, 2001, Serial No. 09/997,447.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 and/or §365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Application Serial No.	Country	Filing Date	Priority Claimed
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I hereby claim priority benefits under Title 35, United States Code §119 of any provisional application(s) for patent listed below:

Application Serial No.	Filing Date	Priority Claimed
60/250,113	November 30, 2000	Yes

I hereby claim the benefit under Title 35, United States Code, §120 and/or §365 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys and agents with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: the registrants of the firm Saliwanchik, Lloyd & Saliwanchik, A Professional Association, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606-6669, Customer ID No. 23,557.

I request that all correspondence be directed to Customer ID Number 23,557.

I further request that all telephone communications be directed to:

Frank C. Eisenschenk, Ph.D.
352-375-8100

Name of First or Sole Inventor Nathan Andrew ShapiraResidence Gainesville, FL Citizenship U.S.Post Office Address 9520 SW 38th Lane
Gainesville, FL 32608Nathan Andrew Shapira, PhD Date 12/19/01
Signature of First or Sole Inventor

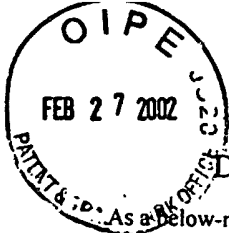
Name of Second Joint Inventor Mary Catherine LessigResidence Gainesville, FL Citizenship U.S.Post Office Address 305 N.E. 6th Avenue
Gainesville, FL 32601Date _____
Signature of Second Joint Inventor _____

Name of Third Joint Inventor Daniel John DriscollResidence Gainesville, FL Citizenship U.S.Post Office Address 8724 SW 46th Lane
Gainesville, FL 32608Date _____
Signature of Third Joint Inventor _____

Name of Fourth Joint Inventor _____

Residence _____ Citizenship _____

Post Office Address _____
_____Date _____
Signature of Fourth Joint Inventor _____



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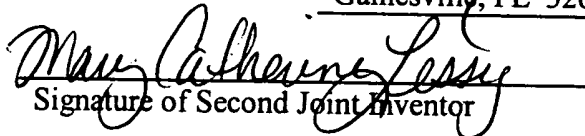
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Gainesville, FL 32608

Signature of First or Sole Inventor _____ Date _____

Name of Second Joint Inventor Mary Catherine LessigResidence Gainesville, FL Citizenship U.S.Post Office Address 305 N.E. 6th Avenue
Gainesville, FL 32601
Signature of Second Joint InventorDate December 19, 2001

Name of Third Joint Inventor Daniel John DriscollResidence Gainesville, FL Citizenship U.S.Post Office Address 8724 SW 46th Lane
Gainesville, FL 32608

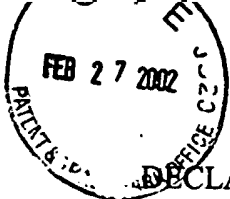
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Gainesville, FL 32608

Signature of Third Joint Inventor _____

Date 12/24/01

Name of Fourth Joint Inventor _____

Residence _____ Citizenship _____

Post Office Address _____

Signature of Fourth Joint Inventor _____

Date _____